

Oklahoma's Behavioral Health Collaboratives

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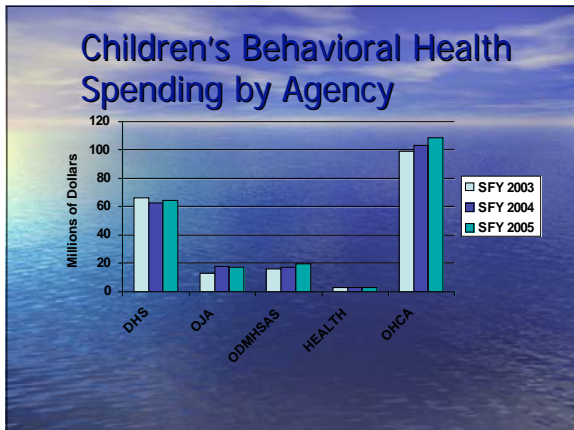
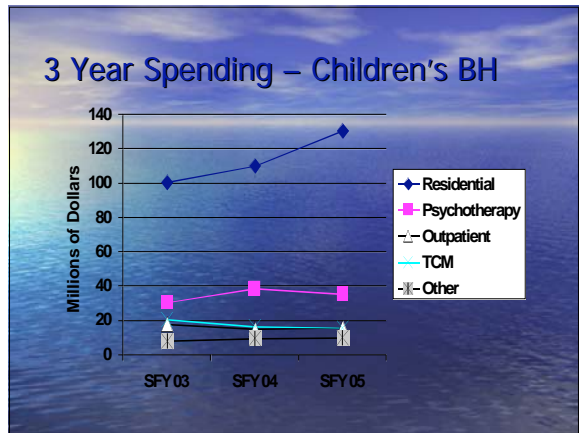
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Behavioral Health Collaboratives

- Partnership for Children's BH (PCBH)
- Adult Recovery Collaborative (ARC)
- DOC & OJA Medicaid Coverage
- Mathematica DOC/IMD Project
- Integrated Services Initiative
- Autism Project
- Governor's Task Force on Reactive Attachment Disorder
- Transformation State Incentive Grant (TSIG)
- Statewide Care Coordination System

Partnership for Children's BH

- Partners:
 - Oklahoma Health Care Authority
 - Oklahoma Department for Mental Health and Substance Abuse Services
 - Oklahoma State Department of Health
 - Oklahoma Department of Human Services
 - Office of Juvenile Affairs
 - Oklahoma Commission on Children and Youth
 - Federation of Families
 - Oklahoma State Department of Education



Progress and Projects To Date?

- Single Eligibility, Claims Payment, & Data Sharing System
- Policy & Contract Compliance Workgroup
- Documentation Workgroup
- Outcomes & Monitoring Workgroup
- High End Kids Project
- Children's Case Management Project
- Psychologists Rule Changes
- Outpatient BH Providers & Services Expansion
- TFC/Group Home Expansion
- Demonstration Grant for PRTF SED Kids
- Specialty RTC Program Development
- Inpatient Treatment Oversight Project
- Workforce Development – Building Career Ladders
- Autism Project
- RTC, PHP, and IOP SA treatment budget request
- Budget Request for LMHPs to increase workforce
- Legislative Initiative with OICA for Child Guidance support
- RFPs for Crisis Stabilization Center expansion

Documentation Workgroup

- Partners:
 - OHCA, ODMHSAS, OJA, DHS, OSDOE, OCCY, OSDOH, DRS, Private and Public Providers, Consumers/Advocates
- Simplification of rules and requirements pertaining to documentation for state providers.
 - A decrease of treatment planning requirements from 1x every 3 months to 1x every 6 months
 - Eliminate the requirement of descriptors for CAR scores.
 - The signature of the responsible LMHP will be required on treatment plans versus the whole team
 - A weekly summary note for PSR will replace the daily progress notes.
- A Dr.'s signature will not be required to "activate" a treatment plan

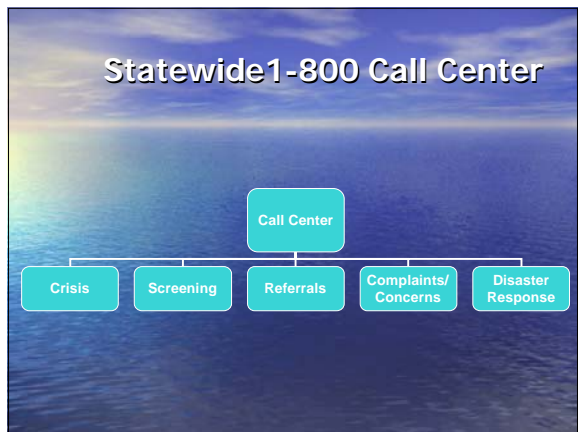
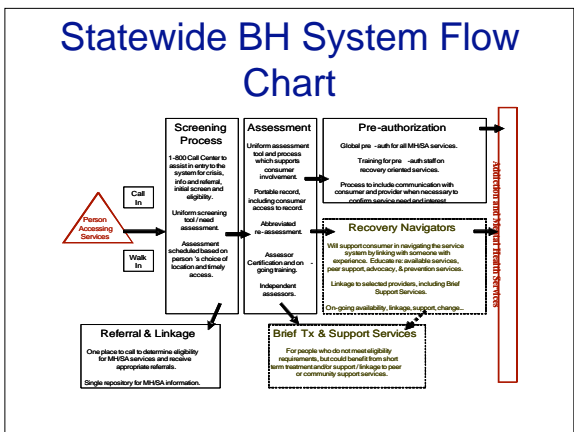
Adult Recovery Collaborative

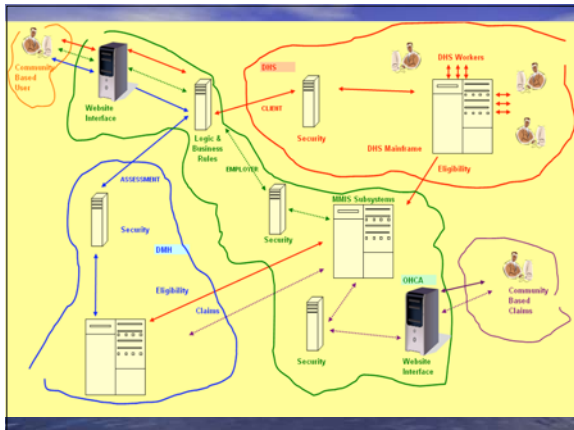
- **Partners**
 - Oklahoma Department of Mental Health and Substance Abuse Services
 - Oklahoma Health Care Authority
 - Oklahoma Department of Human Services
- **Future Partners:**
 - Oklahoma Department of Corrections
 - Department of Rehabilitative Services
 - Consumer Advocacy Alliance

Initial ARC Service Delivery Objectives:

1. Implement evidence-based practices statewide. (Implemented PACT, Implementing Supported Employment, Introducing Family Psych-education and Illness Management and Recovery)
2. Develop and implement a statewide consumer workforce providing peer services. (Currently have 62 credentialed Recovery Support Specialist)
3. Develop linkages between supportive housing programs and the Mental Health and Substance Abuse Services.

4. Develop standardized screening and assessment tools for the State systems.
5. Develop uniform policies and standards on service definitions, codes, and rules, rates.
6. Develop a uniform provider contract for the State system.





- ### Progress and Projects To Date?
- Developed agreed upon mission, values, goals, objectives, and activities and expected outcomes
 - Delivery System Development
 - Stakeholder Focus Groups results in action/change
 - "Real Choice" Grant – Three Evidence Based Practices
 - Development of rules in support of substance abuse treatment and current budget requests for RTC TX
 - Single Elg, Claims Pymt, and Data Sharing System
 - Residential Care and OPBH oversight Project
 - Policy & Contract Compliance Workgroup
 - Documentation Workgroup
 - Outcomes & Monitoring Workgroup
 - Psychologist's coverage for adults – budget request
 - Workforce Development – Building Career Ladders
 - RTC, PHP, and IOP Substance Abuse Budget Requests

- ### DOC & OJA Medicaid Coverage for Inmates Project
- This past year accomplished interagency agreements between OHCA, OSDHS, OJA, and DOC to allow inmates, including juveniles in OJA and adults in DOC, in correctional facilities to receive Medicaid coverage during the time of a medical necessary service.

- ### Mathematica DOC/IMD Project
- Partners:
 - OHCA
 - ODMHSAS
 - DOC
 - DHS
 - SSA
 - DRS
 - DDD
 - Mathematica
 - Goals:
 - Develop a Discharge and Transition System
 - Gain Medicaid and Disability coverage prior to or soon after discharge
 - Transition staff will monitor and case manage cases

- ### Integrated Services Initiative
- All Stakeholders make up this initiative
 - The seven general principles of Comprehensive Continuous Integrated System of Care (CCISC) (Minkoff & Cline, 2004) are designed to provide a welcoming, accessible, integrated, continuous, and comprehensive system of care to patients with Co-Occurring Disorders.
 - Development of consistent rules, codes, rates, and service definitions
 - Development of provider standards

- ### Autism Project
- Partners:
 - Developmental Disabilities Services Division of the Oklahoma State Department of Human Services
 - Oklahoma Health Care Authority

Autism Project

- The purpose of this project is to better target the needs of individuals with autism by strengthening the capacity and resiliency of their natural support networks, which will help control cost growth related to the escalating public costs of treatment for these individuals.
- In the long run, this response will make certain that families and other natural support networks will remain in place as a viable alternative to institutional placement for individuals with autism.

Autism Project

- **Goals:**
 - Contract w/ LMFTs, LPCs, LBPs, LCSWs, and LADCs
 - Coordinate w/OSDHS-DDSD to broaden professional training opportunities across the State
 - Develop a paraprofessional service provider type

Governor's Task Force on Reactive Attachment Disorder

- **Goals:**
 - Identify the number of RAD children in our State
 - Identify the number of current providers
 - Develop a recruitment strategy to increase provider accessibility
 - Increase coverage for LBHPs
 - Develop a Paraprofessional Provider Type
 - Broaden coverage for Respite Care
 - Expanding Wraparound Services across state

Transformation Systems Infrastructure Grant (TSIG)

- **Partners:**

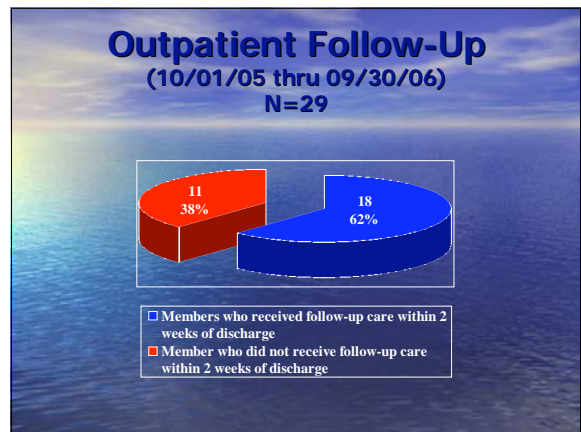
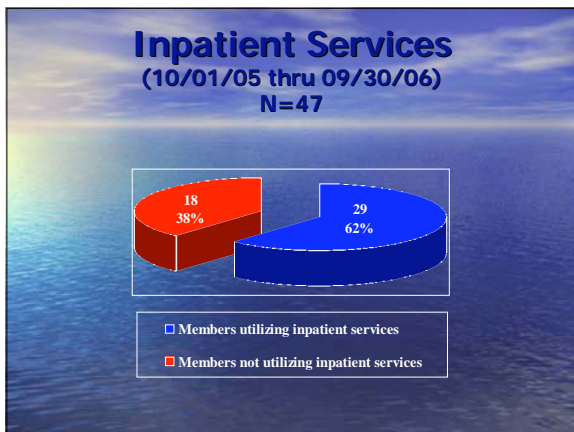
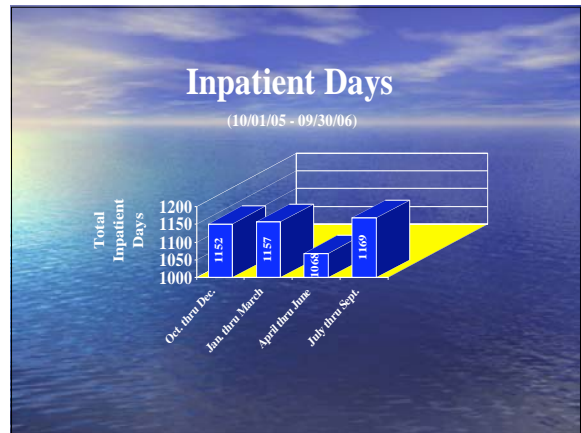
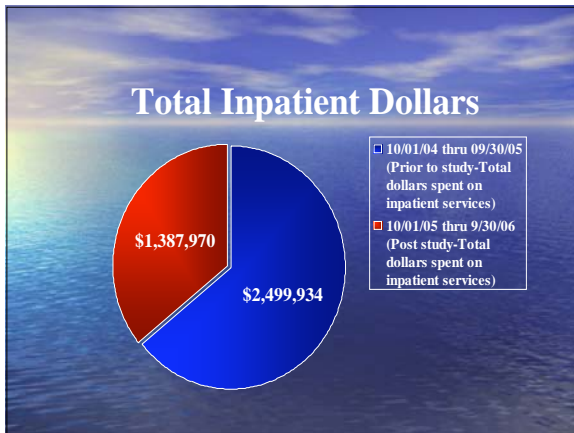
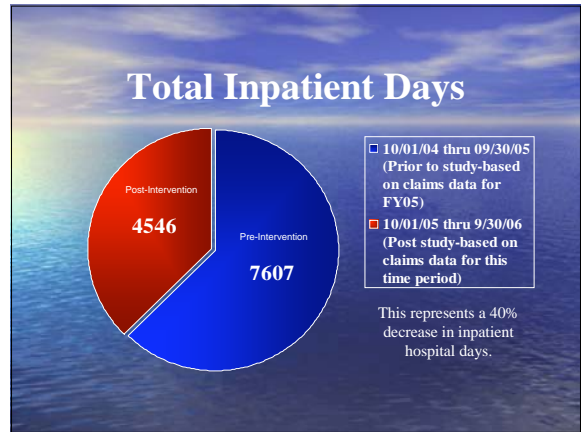
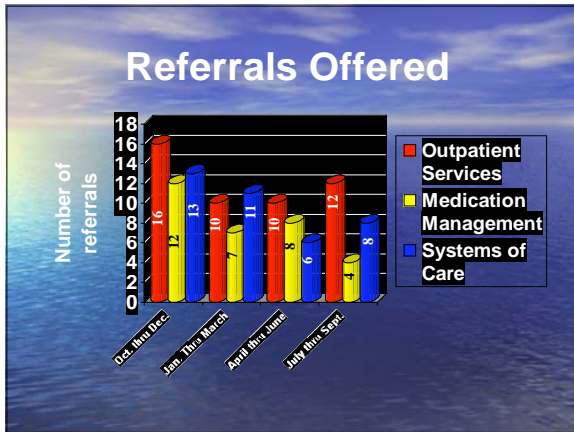
– ODMHSAS	– NAMI
– OHCA	– OMHCC
– OKDHS	– Consumers
– SDOC	– DRS
– OJA	– OSDOE
– OCCY	– OHFA
– Fed of Families	– SENATOR
– IHS	– REPRESENTATIVE
	– INDIAN NATIONS

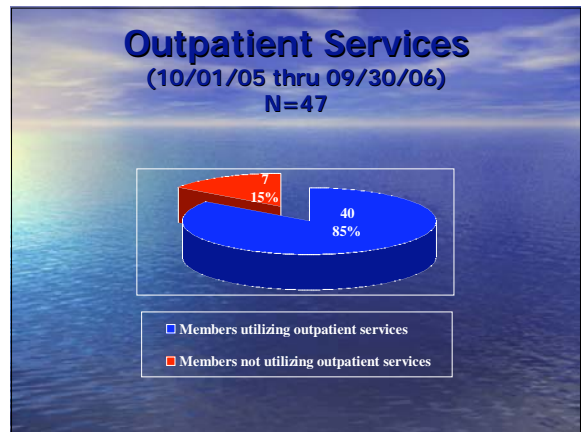
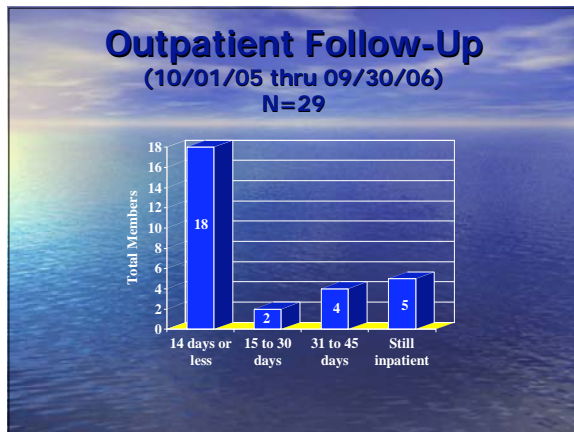
Okla BH System Transformation



METHODOLOGY – Care Coordination Project

- Selected the top 50 users of inpatient services, both Acute and Residential treatment, under the age of 21, for FY05, as measured by inpatient claims.
- Ruled out those in Oklahoma State custody.
- There were no continuous eligibility requirements put in place.
- Pervasive Developmental Disorders were ruled out due to minimal in-state resources.
- Focus was given to the availability of resources within each member's community.
- NOTE: 3 out of the 50 members were dropped from the study and were not included in the statistical data due to either moving out of state or into Oklahoma State custody. (n=47)
- Project ran from 10/01/05 thru 09/30/06.





Outpatient Services (10/01/05 thru 09/30/06) N=7

Of the 7 members who did not receive outpatient behavioral health services:

- 3 were inpatient throughout the study
- 2 received services through their school system
- 2 received medications from their PCP and reported to be receiving counseling through their local County Youth Services.

SUMMARY

- Goals Met:
 - Decreased number of inpatient days paid over a 1 year period. (40% decrease=\$1,111,964 savings)
 - Measured the number of members who received outpatient behavioral health services within 2 weeks of discharging from inpatient care. (62%)
 - Provided ongoing care coordination to help insure continuity of care.

What Next?

- Since beginning this project, we have added care coordination services to the current QIO contract. The results of this project certainly give support for this decision and shows how members are better served due to:
 - Less days in the hospital which means more time spent at home with the family and in the community.
 - Reduced risk of institutionalization.
 - Next Phase: Go state-wide
 - Each State Agency to develop an FTE
 - Each State Agency to pick their top end kids
 - Phase two: Add in Adult Care Coordination

THANK YOU!

Warmly,
Debbie Spaeth & Keith Pirtle